

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V00827** (8)

1. Corporation Name

THE STAR BAKERY OF DELRAY, INC.



Principal Place of Business

**5195-F WEST ATLANTIC AVENUE
DELRAY BEACH FL**

Mailing Address

**5195-F WEST ATLANTIC AVENUE
DELRAY BEACH FL**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/17/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0315027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GOLDMAN, PHILLIP
5195-F W ATLANTIC AVENUE
DELRAY BEACH FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

PHILLIP GOLDMAN SEC.

4-24-96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | GOLDMAN, SCOTT | |
| STREET ADDRESS | 7910 NW 44TH COURT | |
| CITY- ST- ZIP | LAUDERHILL FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | GOLDMAN, PHILLIP | |
| STREET ADDRESS | 7910 NW 44TH COURT | |
| CITY- ST- ZIP | LAUDERHILL FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|---|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | GOLDMAN, SCOTT | |
| 1.3 STREET ADDRESS | 5195 F W ATLANTIC AVE | |
| 1.4 CITY- ST- ZIP | DELRAY BEACH FL 33484 | |
| 2.1 TITLE | SD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | GOLDMAN, PHILLIP | |
| 2.3 STREET ADDRESS | 5195 F W ATLANTIC AVE | |
| 2.4 CITY- ST- ZIP | DELRAY BEACH 33484 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY- ST- ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY- ST- ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY- ST- ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY- ST- ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

PHILLIP GOLDMAN

SEC 407496422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr Phone #

CR2E034 (12/95)